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MANDATED REPORTER CHECKLIST
FOR SUSPECTED CHILD ABUSE AND NEGLECT

When reporting to Child Welfare Services (CWS), Child Protective Services (CPS) please:

1. Review available records.
2. Fill out the checklist as completely as possible using **Y** for yes, **N** for no. Leave blank if unknown, unless otherwise indicated.
3. Call the **CWS Intake Reporting Line at (808) 832-5300 or toll free for neighbor islands at 1-800-494-3991** to report your findings.
4. FAX or Mail this document with comments within 5 days to CWS after verbally reporting to the intake worker. **Doing so fulfills your statutory obligation under Chapter 350-1.1(c), Hawaii Revised Statutes, which requires a report in writing as well as the oral report.**
5. If your referral is accepted for investigation, you will be contacted with the disposition.

To: **Child Welfare Services Intake Unit**
420 Waiakamilo Road, Suite 300A
Honolulu, HI 96817-4941
Reporting Line: (808) 832-5300 Toll Free Neighbor Islands: 1-800-494-3991
FAX: (808) 832-5292 Toll Free FAX: 1-800-399-1614

Oral report made to:
Name of Intake Worker: _____ Date/time of report:_____/_____

Police Report #_____Officer Assigned (If applicable) :_____

FROM: (Name, Agency and Address of Reporter)	
Name/Agency:	
Address:	Telephone:

ALLEGED VICTIM/S:				
Name	DOB	AGE	School/Grade/SPED	Home Address
1.				
2.				
3.				

CAREGIVER/S: (Circle where applicable)							
FATHER	MOTHER	GUARDIAN	OTHER	FATHER	MOTHER	GUARDIAN	OTHER
Name:		DOB/Age		Name:		DOB/Age	
Address:				Address:			
Employment/Phone				Employment/Phone			
Telephone:		Military/Branch of Service		Telephone:		Military/Branch of Service	

ALLEGED MALTREATER/S:	
Name:	Name:
Address:	Address:
Telephone:	Telephone:
Relationship to victim:	Relationship to victim:

Please list other family members (siblings, others living in home, significant kin, etc.)		
Name	DOB	Relationship to Victim
1.		
2.		
3.		
4.		
5.		
6.		

FACTORS

1. Location and address of child: (at time of report, please check appropriate block and provide address)

	School		Office
	Home		Other: (Specify)
Address:			
			Contact tel:

2. **Type of harm:**

	Physical abuse		Threatened physical abuse
	Sexual abuse		Threatened sexual abuse
	Physical neglect		Threatened physical neglect
	Psychological/emotional abuse		Threatened psychological harm

3. Evidence of harm:

A. Physical:

a		Bruising, bleeding	i		Subdural hematoma (per medical diagnosis)
b		Injury causing substantial bleeding	j		Soft tissue swelling
c		Malnutrition	k		Extreme pain
d		Failure to thrive	l		Extreme impairment in child's functioning
e		Burns	m		Gross degradation (child's clothing, appearance)
f		Poisoning	n		Physical or medical evidence of sexual abuse
g		Any fracture	o		Failure to provide adequate care or supervision
h		Intentional drugging	p		Other

B. Behavioral: (Has the child demonstrated any of the following behaviors?)

a		Frequently tardy or absent from school	g		Seductive behaviors
b		Assaults or aggression toward others	h		Runaways
c		Withdrawal or depression	i		Status offenses or law violation
d		Self mutilation	j		Suicidal ideation
e		Chronic depression	k		Suicide attempts
f		Inappropriate sexual knowledge	l		Other

4. Please describe briefly what happened. Include what the child said and to whom. Include date/time (or approximate month/year) and location of incident. (Use additional sheets as needed)

5. What immediate action do you believe needs to be taken? Briefly comment:

6. Frequency and intensity of harm, if known by reporter:

	Single incident		Occurs several times/year, escalating harm
	Infrequent incidents, no escalation of harm		Chronic and serious, ongoing pattern of harm

7. Duration of harm, if known by reporter:

	No history of harm, no previous incidents		Harm occurs repeatedly over a period of one year
	Short duration of harm, less than one month		Harm is chronic

8. Is the reporter aware of any prior reports to CWS involving the child or family?

9. Has the victim expressed any of the following:

a		Fear of caretaker	e		The victim's sibling/s have also been harmed
b		Fear of returning to the family home	f		The harm occurs frequently (self or other)
c		Afraid of being harmed again	g		The harm has gotten worse
d		Harm was reported harm to friend	h		Other

10. Additional concerns regarding the child's health? Explain:

a. ___ **Mental:** _____

b. ___ **Physical:** _____

SERVICES/TREATMENT HISTORY

11. Has the family participated in any service or treatment prior to the report of harm such as:

a		Parenting classes	f		Substance abuse treatment (specify below)
b		Family violence services	g		1. Inpatient
c		Educational programs			2. Outpatient
d		Individual counseling	h		Other: Specify below
e		Home visitation			

12. Was the family offered or referred to any of the following services: (Please note choices listed below) (Yes, No, Unknown, or Declined)

a		Substance abuse treatment	f		Substance abuse counseling
b		Intensive homebased counseling services	g		In-home services (outreach, home visiting, etc.)

c		Individual counseling or therapy	h		Parenting classes
d		Anger management	i		Other: Specify below
e		Public Health Nursing			

SUPPORT SYSTEM

13. Support system available to the child and family, willing and able to assist. Including the following:

a		Parents	f		Friends
b		Maternal grandparents	g		Church members
c		Paternal grandparents	h		Community groups
d		Siblings	i		Service providers
e		Other relatives	j		Other: specify below

FAMILY HISTORY

14. Is there a known history of (for mother, father or father figure):

		MOTHER			**FATHER/FATHER FIGURE**
a		CWS involvement	g		CWS involvement
b		Domestic violence	h		Domestic violence
c		Substance abuse: (Specify)	i		Substance abuse: (Specify)
d		Mental illness	j		Mental illness
e		Victim of abuse	k		Victim of abuse
f		Perpetrator of abuse	l		Perpetrator of abuse

Explain "yes" responses briefly below:

15. May CWS share your identity with the local county police department for follow up? Yes ___ No___

THANK YOU FOR YOUR ASSISTANCE.

FOR CWS USE ONLY

Disposition:_____

UNIT_____ **WORKER**_____

ADDITIONAL COMMENTS/NARRATIVE: Please attach comments/narrative if required or necessary for clarification.